

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 207
Local Registrar's No. 80

1. PLACE OF BIRTH

County Greenlee

State

District or Township

or Village

City Moenie

No.

St.

Ward

2. Full name of child Marie Maldonado

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other 2nd Legitimate?

5. No., in order of birth 2nd

7. Date

of birth

Month Day Year

June 13-1929

8

FATHER

Full name Miguel Maldonado

14

MOTHER

Full maiden name Beatrice Marquez

9. Residence

(Usual place of abode) Moenie

If non-resident, give place and state.

15. Residence

(Usual place of abode) Moenie

If non-resident, give place and state.

10. Color or race W

16. Color or race W

11. Age at last birthday 29 (Years)

17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Del Paso

(State or country) Tex

18. Birthplace (city or place) Moenie

(State or country) Ariz

13. Occupation miner

Nature of industry Copper

19. Occupation Ariz

Nature of industry

20. Number of children of this mother 7

(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living 5

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn.)

6:30 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature E. J. Singh M.D.

(Physician or midwife).

Given name added from
a supplemental report

Month, day, year

Address Ariz

Registrar 446-1013-249

File

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Registrar Albuquerque